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JC930 U.S. PTO
09/602369
08/24/01



DATE: 08/27/01
TO: OIPE
FROM: Office of Initial Patent Examination
Unit 7 (RAM Team)
SUBJECT: Insufficient Funds

Deposit account number 021 818

On 08/27/01 there were insufficient funds available to charge the attached fee.

If you have any question, please contact Cynthia Streater (OIPE/JCWS RAM- Team)
at 703-306-5430.

Terminal Operator: Ahmed

Deposit Account Maintenance

Deposit Account Window Help

								PRO S 08/24/01 1C9-30 U 19760226
Deposit Account							Print Screen	
Number: 021818				Balance Amount: 1.00				
Holder								
Name: BELL BOYD & LLOYD								
Address								
Attention: GAIL ABDERSON- DIR. OF FINANCE								
Street: 70 WEST MADISON								
Suite: SUITE 3300								
Province:								
City: CHICAGO								
State:	IL		Postal Code: 60602					
Country:	US							
Telephone: 312-558-5015				Fax:				
Details								
Category Code: NONGOVNMNT					Type:	REGULAR		
Notification Amt: 0.00					Status			
Access Code: 0879					<input checked="" type="radio"/> Active	<input type="radio"/> Closed		
					MAHMED1	08/27/2001		

SERIAL NUMBER	PLANO DATE	PRINT NAME OF APPLICANT	ATTY DOCKET NO.
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844

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DATE MAILED:

NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 37 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

1

A. Filing Fees due upon filing the application

Total Filing Fees Due	= \$ <u>1554</u>
Less Filing Fees Submitted	- \$ <u>710</u>
BALANCE DUE	= \$ <u>844</u>

1

B. Fees due in connection with the amendment filed on

Total Fees Due	= \$ _____
Less Fees Submitted	- \$ (_____)
BALANCE DUE	= \$ _____

ATTACHMENT: FORM 2047

Clerk of Group

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT.

WITNESS TO A CERTIFICATE OF MAILING

and having clearly written across and to the right of the address, the words "U.S. POSTAL SERVICE" or "Postage Paid" in an envelope addressed to

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